3EC 1972 6/99)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO'REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

| OMB API          | PROVAL       |
|------------------|--------------|
| OMB Number:      | 3235-0076    |
| Expires:         | May 21, 2002 |
| Estimated avera- | ge burden    |
| hours per respon | 1 1          |

SEC USE ONLY

DATE RECEIVED

Serial

Prefix

| Name of Offering ( check if this is an amendment and name has changed, and indicate        | e change.)                             |
|--|--|
| WIL Research Holding Company, Inc. offering of Preferred Stock                             |  |
| Filing Under (Check box(es) that apply):   Rule 504 Rule 505                               | 506  Section 4(6) ZULOE                |
| Type of Filing: ☑ New Filing ☐ Amendment   | 2 SECEIVED WE                          |
| A. BASIC IDENTIFICATION DATA   | 19 10                                  |
| 1. Enter the information requested about the issuer  | / OCT   5 200A                         |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate of       |  |
| WIL Research Holding Company, Inc.   |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code)                    | Telephone Number (Including Area 2000) |
| c/o Behrman Capital 126 East 56th Street - 27th Floor, New York, New                       | 212-980-6500                           |
| York 10022   |  |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code)        | Telephone Number (Including Afea Code) |
| (if different from Executive Offices)  |  |
| Brief Description of Business:   | 1 / DD = -                             |
| Holding Company.   | PROCECCE                               |
| Type of Business Organization  | ( ) OCT SED                            |
| ☑ corporation ☐ limited partnership, already formed  | UCT 2 1 2001                           |
|  | (please specify):                      |
| □ business trust □ limited partnership, to be formed                                       | HOMSON                                 |
| Month Year   | " WYCIAI                               |
| Actual or Estimated Date of Incorporation or Organization: 0 9 0 4                         | ■ Actual                               |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbre | <del>-</del>                           |
| CN for Canada; FN for other foreign juris  |  |
| Or for Summa, 11 for Sum to Foreign juris  |  |

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.



Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

|   |                                  |   |  | · · · · · · · · · · · · · · · · · · · |                                      |
|---|----------------------------------|---|--|---------------------------------------|--------------------------------------|
| Full Name (Last name first, if individual)  Visser, Mark P.  Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Behrman Capital 126 East 56 <sup>th</sup> Street - 27 <sup>th</sup> Floor, New York, New York 10022  Check Box(es) that Apply: |                                  |   |  |                                       |                                      |
| 2. Enter the information re   | quested for the f                |   |  |                                       | *                                    |
| • Each promoter of the  | ne issuer, if the is             | ssuer has been organized  | within the past five years               | 3;                                    |                                      |
| • Each beneficial own   | ner having the po                | _   | •  |                                       | or more of a class of equity         |
|   | cer and director                 | of corporate issuers and  | of corporate general and a               | managing partn                        | ers of partnership issuers;          |
| Each general and m  | anaging partner                  | of partnership issuers.   |  | •                                     |                                      |
| Check Box(es) that Apply:   | ☐ Promoter                       | ☐ Beneficial Owner  | ■ Executive Officer  ■ Executive Officer | ☑ Director                            | ☐ General and/or<br>Managing Partner |
| Visser, Mark P.   |                                  |   |  |                                       |                                      |
| Business or Residence Addre<br>c/o Behrman Cap  | ess (Number and bital 126 East 5 | d Street, City, State, Zip 6 <sup>th</sup> Street - 27 <sup>th</sup> Floor, N | lew York, New York 10                    |                                       |                                      |
| Check Box(es) that Apply:   | ☐ Promoter                       | ☐ Beneficial Owner  | Executive Officer                        | ☑ Director                            | ☐ General and/or Managing Partner    |
| •   | •                                |   |  |                                       | 100                                  |
|   |                                  |   |  | 022                                   |                                      |
| Check Box(es) that Apply:   | ☐ Promoter                       | ☐ Beneficial Owner  | ☐ Executive Officer                      | ☑Director                             | General and/or Managing Partner      |
| •   | f individual)                    |   |  |                                       |                                      |
|   |                                  |   |  | 022                                   |                                      |
| Check Box(es) that Apply:   | □Promoter                        | ☑ Beneficial Owner  | ☐ Executive Officer                      | ☐ Director_                           | General and/or Managing Partner      |
| •   |                                  |   |  |                                       |                                      |
| Business or Residence Addre   | ess (Number and                  |   |  | 0022                                  | -                                    |
|   |                                  |   |  |                                       | ☐ General and/or<br>Managing Partner |
| Full Name (Last name first, i   | f individual)                    |   |  |                                       |                                      |

☐ Executive Officer

□ Director

☐ General and/or
Managing Partner

☐ Beneficial Owner

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Promoter

Check Box(es) that Apply:

| 3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only:  Full Name (Last name first, if individual)  N/A  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  (Check "All States" or check individual States)  AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]  RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  — [All States" [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  AL] [AK] [AZ] [AR] [CA] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  ALI [IN] [IN] [IN] [IN] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OK] [OK] [OK]   | Full 1                     | Name (Las   | st name fir                                    | st, if indiv   | ridual)   |   | y Tari                             |  |                            |                        |                                       |                      |                    |                  |
|--|----------------------------|---|--|--|---|---|------------------------------------|--|----------------------------|------------------------|---------------------------------------|----------------------|--------------------|------------------|
| Business or Residence Address (Number and Street, City, State, Zip Code)  (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)    B. INFORMATION ABOUT OFFERING   | Busin                      | ness or Re  | sidence A                                      | ddress (N  | umber and   | d Street, Ci                                | ty, State, Zij                     | p Code)                                |                            |                        |                                       | · .                  |                    |                  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)  B. INFORMATION ABOUT OFFERING  Pes  1. Has the issuer sold, or does the issuer intend to sell, to non-actredited investors in this offering?  2. What is the minimum investment that will be accepted from any individual?  3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  N/A  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  ILI] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MY] [MY] [PR]  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States).    All States   MA   [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [MI] [MI] [MI] [MI] [MI] [M | Chec                       | k Box(es)   | that Appl                                      | y: 🔲 Pr  | omoter  | ☐ Benef                                     | icial Owner                        | □ Ex                                   | ecutive Of                 | ficer 🔲                | Director                              |                      |                    |                  |
| B. INFORMATION ABOUT OFFERING    B. INFORMATION ABOUT OFFERING   Yes   | Full !                     | Name (Las   | st name fir                                    | st, if indiv   | idual)  |   |                                    |  | 1                          | <del>.</del>           | <u>_</u>                              | TVIGITAL             | Sing r a           | THICI            |
| B. INFORMATION ABOUT OFFERING  Yes  1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?        Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?     N/  Yes  3. Does the offering permit joint ownership of a single unit?     Yes  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  N/A  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)   All State All [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [NR] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [PA] [PA] [PA] [PA] [PA] [PA] [PA   | Busin                      | ness or Res   | sidence A                                      | ddress (N  | umber and   | d Street, Cit                               | ty, State, Zij                     | p Code)                                |                            | <del></del>            | · · · · · · · · · · · · · · · · · · · |                      |                    |                  |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?   |                            |   | <u></u>  | (Use b   | lank shee   | t, or copy a                                | nd use addit                       | tional cop                             | ies of this s              | heet, as ne            | cessary.)                             |                      |                    |                  |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.  What is the minimum investment that will be accepted from any individual?  N/48  3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  N/A  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States")  (Check "All States")  (Check "All States")  (In [Ne] [NV] [NH] [NJ] [NM] [NV] [NC] [ND] [OH] [OK] [OR] [PA]  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Business or Residence Address (Number and Street, City, State, Zip Code)  Business or Residence Address (Number and Street, City, State, Zip Code)  Business or Residence Address (Number and Street, City, State, Zip Code)  Rame of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States")  (Check "All States" or check individual States)  [All [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [D] [DI] [DI] [DI] [DI] [DI] [DI] [DI  |                            |   |  |  |   | B. INFOI                                    | RMATION                            | ABOUT                                  | OFFERIN                    | (G                     |                                       |                      |                    |                  |
| 2. What is the minimum investment that will be accepted from any individual?   | 1. I                       | las the iss   | uer sold, c                                    | or does the  | issuer int  | tend to sell,                               | to non-acci                        | edited inv                             | estors in th               | nis offering           | ?                                     |                      |                    | No<br>⊠          |
| 3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  N/A  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)  (Check "All States" or check individual States)  MI, [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [ND] [ND] [ND] [ND] [ND] [ND] [ND] [ND   |                            |   |  |  |   |   |                                    | y individu                             | al?                        |                        |                                       | *****                |                    | N/A              |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  N/A  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)  (Check "All States" or check individual States)  L [IN] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]  RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)  (Check "All States" or check individual States)  All [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  ILI] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]   |                            |   |  |  |   |   |                                    |  |                            |                        |                                       |                      |                    | No<br>⊠          |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)  AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)  [Al] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]   | t<br>S<br>a<br>c<br>Full I | he offering SEC and/our associationly.  Name (Lassociation) | g. If a per r with a stated person to name fir | rson to be<br>ate or state<br>at of such<br>st, if indiv | listed is a<br>es, list the<br>a broker<br>idual) | an associate<br>e name of the<br>or dealer, | ed person one broker or you may se | r agent of<br>dealer. If<br>t forth th | f a broker of<br>more than | or dealer refive (5) p | egistered w<br>ersons to b            | vith the<br>e listed |                    |                  |
| (Check "All States" or check individual States)       □ All State         AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]         IIL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]         MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]         RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]         Full Name (Last name first, if individual)         States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)         AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]         IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]         MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]   | Name                       | e of Assoc  | iated Brok                                     | er or Deal   | ler   |   | •                                  |  |                            |                        | ,-,                                   |                      |                    |                  |
| IL   [IN   [IA   [KS]   [KY   [LA   [ME   [MD   [MA   [MI   [MN   [MS   [MO   MT]   [NE   [NV   [NH   [NJ   [NT   [NT   [VT   [VA   [WA   [WV   [WI   [WY   [PR   MT   [VT   [VT   [VA   [MA   [MT   [VT   [VT   [VA     |                            |   |  |  |   |   |                                    |  |                            |                        |                                       |                      | All S              | tates            |
| Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)   | IL]<br>MT]                 | [IN]<br>[NE]  | [IA]<br>[NV]                                   | [KS]<br>[NH]   | [KY]<br>[NJ]                                      | [LA]<br>[NM]                                | [ME]<br>[NY]                       | [MD]<br>[NC]                           | [MA]<br>[ND]               | [MI]<br>[OH]           | [MN]<br>[OK]                          | [MS]<br>[OR]         | [M <sub>2</sub>    | 0]<br><b>A</b> ] |
| Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)   | Full 1                     | Name (Las   | t name fir                                     | st, if indiv   | idual)  |   |                                    |  |                            |                        |                                       |                      |                    |                  |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]   | Busin                      | ness or Res   | sidence Ac                                     | idress (Nu   | mber and  | Street, City                                | y, State, Zip                      | Code)                                  |                            |                        |                                       |                      |                    |                  |
| (Check "All States" or check individual States)  | Name                       | e of Assoc  | iated Brok                                     | er or Deal   | ler   |   |                                    |  |                            |                        |                                       |                      |                    |                  |
| AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]  |                            |   |  |  |   |   |                                    |  |                            |                        |                                       |                      | TAll St            | ates             |
| RII (SC) (SD) (TN) (TX) (UT) (VT) (VA) (WA) (WV) (WII (WY) (PR)  | AL]<br>IL]<br>MT]          | [AK]<br>[IN]<br>[NE]  | [AZ]<br>[IA]<br>[NV]                           | [AR]<br>[KS]<br>[NH]                                     | [СА]<br>[КҮ]<br>[NЛ]                              | [CO]<br>[LA]<br>[NM]                        | [CT]<br>[ME]<br>[NY]               | [DE]<br>[MD]<br>[NC]                   | [DC]<br>[MA]<br>[ND]       | [FL]<br>[MI]<br>[OH]   | [GA]<br>[MN]<br>[OK]                  | [HI]<br>[MS]<br>[OR] | [II]<br>[M]<br>[P/ | D]<br>O]<br>A]   |

| Full           | Name (Las   | t name firs                              | st, if indiv                           | idual)                                   |  |                          |                         |                          |              |                  |              |   |
|----------------|---|--|--|--|--|--------------------------|-------------------------|--------------------------|--------------|------------------|--------------|---|
| Busi           | ness or Res   | sidence Ad                               | ldress (Nu                             | mber and                                 | Street, City                           | , State, Zij             | Code)                   | · · · · · · · ·          |              |                  |              | <u> </u>                                |
| Nam            | ne of Assoc   | iated Brok                               | er or Deal                             | er                                       |  |                          |                         |                          |              | · .              |              | · ·                                     |
|                | es in Which<br>(Check "Al   |  |  |  |  |                          |                         |                          |              |                  | · · ·        | All States                              |
|                | •   |  |  |  |  |                          |                         |                          |              |                  |              |   |
| [AL]           | [AK]  | [AZ]                                     | [AR]                                   | [CA]                                     | [CO]                                   | [CT]                     | [DE]<br>[MD]            | [DC]                     | [FL]         | [GA]             | [HI]         | [ID]                                    |
| [IL]<br>[MT]   | [IN]<br>(NE]  | [IA]<br>[NV]                             | [KS]<br>[NH]                           | [KY]<br>[NJ]                             | [LA]<br>[NM]                           | [ME]<br>[NY]             | [NC]                    | [MA]<br>[ND]             | [MI]<br>[OH] | [MN]<br>[OK]     | [MS]<br>[OR] | [MO]<br>[PA]                            |
| [RI]           | [SC]  | [SD]                                     | [TN]                                   | [TX]                                     | [UT]                                   | [VT]                     | [VA]                    | [WA]                     | [WV]:        | [WI]             | [WY]         | [PR]                                    |
|                | [30]  |  |  |  |  |                          |                         | f this sheet,            |              |                  | [ , , - ]    | []                                      |
|                |   | <u> </u>                                 |  |  |  | 1.                       |                         |                          |              |                  |              | ·                                       |
| -              |   |  |  |  |  |                          |                         | NSES AN                  | D USE OF     | PROCEE           | EDS          | ·                                       |
| an<br>ex       | nter the agg<br>nount alreat<br>change of<br>nounts of the                | dy sold. Enfering, che                   | nter "0" if<br>eck this b              | answer is ox                             | none" or<br>and indica                 | "zero." If<br>te in the  | the transac             | ction is an              |              | • • .            |              |   |
|                | Type of   | -  |  |  |  | •••••                    |                         |                          |              | egate<br>g Price |              | ount<br>ly Sold                         |
|                |   |  |  |  |  | •••••                    |                         |                          |              | 00,000           | \$64,90      | <u> </u>                                |
|                |   |  |  |  |  | eferred                  |                         |                          | ,-           | -,               |              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|                | Converti  | -<br>ble Securit                         | –<br>ties                              |  |  |                          |                         |                          | \$59,19      | 90,000           | \$59,19      | 0,000                                   |
|                | Partnersl   | nip Interest                             | ts                                     |  |  |                          | •••••                   |                          | \$           |                  | \$           | <u> </u>                                |
|                |   |  |  |  |  |                          |                         |                          | \$           |                  | \$           |   |
|                |   |  |  |  |  |                          |                         |                          | \$64,19      | 90,000           | \$64,90      | 0,000                                   |
|                |   | Answer                                   | also in A                              | ppendix, C                               | Column 3, i                            | if filing und            | der ULOE                |                          | •            |                  | · ·          |   |
| se<br>of<br>se | nter the nu<br>curities in<br>ferings und<br>curities and<br>'" if answer | this offering<br>ter Rule<br>I the aggre | ng and the<br>504, indic<br>gate dolla | e aggregat<br>cate the in<br>r amount o  | e dollar ar<br>umber of                | nounts of persons w      | their purcly            | hases. For purchased     |              |                  |              |   |
|                | Accredit  | ed Investor                              | rs                                     |  |  |                          |                         |                          |              | Investors<br>5   | Dollar       | regate<br>Amount<br>rchases<br>0.000    |
|                |   |  |  |  |  |                          |                         |                          |              | -                | \$           | 7                                       |
|                |   |  |  |  |  | ,                        |                         |                          |              |                  | \$           | <del>'</del>                            |
|                | 1014  | ` '                                      | _                                      |  | • •                                    | f filing und             |                         |                          |              |                  | *            |   |
| for<br>tw      | this filing i<br>r all security<br>relve (12)<br>curities by<br>Type of   | s for an of<br>ies sold by<br>months pr  | fering und<br>the issue<br>rior to the | ler Rule 50<br>r, to date,<br>first sale | 04 or 505,<br>in offering<br>of securi | enter the ings of the ty | formation<br>pes indica | requested<br>ted, in the |              | pe of            |              | Amount                                  |
|                |   |  |  |  |  |                          |                         |                          | Sec          | urity            | S            | old                                     |

|    | Rule 505   | N/A                       | . \$0                 |
|----|--|---------------------------|-----------------------|
|    | Regulation A   | N/A                       | \$0                   |
|    | Rule 504   | N/A                       | \$0                   |
|    | Total  | N/A                       | \$0                   |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees   |                           | \$0                   |
|    | Printing and Engraving Costs   |                           | \$0                   |
|    | Legal Fees   | ×                         | \$600,000             |
|    | Accounting Fees  |                           | \$0                   |
|    | Engineering Fees   |                           | \$0                   |
|    | Sales Commissions (specify finders' fees separately)   |                           | \$0                   |
|    | Other Expenses (identify) [Finder's Fees]  |                           | \$0                   |
|    | Total  |                           | \$0                   |
| 5. | b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."  Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b |                           | \$64,300,000          |
|    | above.   | Payments to               |                       |
|    |  | Officers,                 |                       |
|    |  | Directors &<br>Affiliates | Payments To<br>Others |
|    | Salaries and fees  | □ \$0                     |                       |
|    | Purchase of real estate  | □ \$0                     | □ \$0                 |
|    | Purchase, rental or leasing and installation of machinery and equipment  | <b>\$</b> 0               | □ \$0                 |
|    | Construction or leasing of plant buildings and facilities  | □ \$0                     | <b>×</b> \$64,300,000 |
|    | Acquisition of other business (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)   | □ \$0                     | □ \$0                 |
|    | Repayment of indebtedness  | □ \$0                     | □ \$0                 |
|    | Working capital  | □ \$0                     | □ \$0                 |
|    | Other (specify):   | □ \$0                     | _<br>□ \$0            |
|    | Column Totals  | <b>\$</b> 0               | □ \$0                 |
|    | Total Payments Listed (column totals added)  | ■\$64,30                  | 0,000                 |
|    | D. FEDERAL SIGNATURE   |                           |                       |

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| Issuer (Print or Type)             | Signature                       | Date             |
|------------------------------------|---------------------------------|------------------|
| WIL Research Holding Company, Inc. |                                 | October 13, 2004 |
| Name of Signer (Print or Type)     | Title of Signer (Print or Type) |                  |
| Mark P. Visser                     | President                       |                  |

### ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|      | E. STATE SIGNATURE   |                 | :       |
|------|--|-----------------|---------|
| 1.   | Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?   | Yes             | No<br>E |
|      | See Appendix, Column 5, for state response.  | _               |         |
| 2.   | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice Form D (17 CFR 239.500) at such times as required by state law.   | is filed, a not | ice on  |
| 3.   | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informati issuer to offerees.   | on furnished    | by the  |
| 4.   | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be enti-<br>Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the availability of this exemption has the burden of establishing that these conditions have been satisfied. |                 |         |
|      | e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed dersigned duly authorized person.   | on its behalf   | by the  |
| Issi | uer (Print or Type) Signature Date   |                 |         |
| WI   | L Research Holding Company, Inc  | October 13,     | 2004    |
| Na   | me of Signer (Print or Type)  Title of Signer (Print or Type)  |                 |         |
| Ma   | rk P. Visser President   |                 |         |

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|      |        |   |  | A  | PPENDIX |  |        |   |    |  |
|------|--------|---|--|--|---------|--|--------|---|----|--|
| 1    | 7 -    | 2 3   |  |  |         | 5  |        |   |    |  |
|      | non-ac | to sell to<br>ceredited<br>es in State<br>3-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) | Type of investor and explan amount purchased in State waiver |         |  |        | Disqualification<br>under State ULOE<br>(if yes, attach<br>explanation of<br>waiver granted)<br>(Part E-Item 1) |    |  |
| tate | Yes    | No  |  | Number of<br>Accredited<br>Investors                         | Amount  | Number of<br>Non-Accredited<br>Investors | Amount | Yes   | No |  |
| L.   |        |   |  |  |         |  |        |   |    |  |
| ١K   |        |   |  |  |         |  |        |   |    |  |
| ١Z   |        |   |  |  |         |  |        |   |    |  |
| ιR   |        |   |  |  |         |  |        |   |    |  |
| A    |        |   |  |  |         |  |        |   |    |  |

## APPENDIX

| 1             | 2       |  | 3  |                         |  | 4                           |        | . 5 | 1  |  |
|---------------|---------|--|--|-------------------------|--|-----------------------------|--------|-----|--|--|
| :             | non-acc | o sell to<br>credited<br>s in State<br>Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) |                         | Type of investor and amount purchased in State (Part C-Item 2) |                             |        |     | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |  |
|               |         |  | ·  | Number of               |  | Number of                   |        |     |  |  |
| tate          | Yes     | No   |  | Accredited<br>Investors | Amount   | Non-Accredited<br>Investors | Amount | Yes | No   |  |
| : <u>;</u> O. |         |  |  |                         |  |                             |        |     |  |  |
|               |         |  | Series A<br>Convertible<br>Preferred<br>Stock                                  |                         | 440,000  |                             |        |     |  |  |
| TC            | i       | X  | Series B   | 1                       |  | 0                           | 0      |     | x  |  |
|               |         |  | Convertible<br>Preferred<br>Stock  |                         | 560,000  |                             |        |     |  |  |
|               |         |  | Series A Convertible Preferred Stock   |                         | 25,158,000   |                             |        |     |  |  |
| )E            |         | X  | Series B<br>Convertible<br>Preferred<br>Stock                                  | 2                       | 32,032,000   | 0                           | 0      |     | x  |  |
| ЭС            |         | <u>.</u>                                       |  |                         |  |                             |        |     |  |  |
| L             |         |  |  |                         |  |                             |        |     |  |  |
| ЗA            |         |  |  |                         |  |                             |        |     |  |  |
| II ·          |         |  |  |                         |  |                             |        |     |  |  |
| D             |         |  |  |                         |  |                             |        |     |  |  |
| L             |         |  |  |                         |  |                             |        |     |  |  |
| N             |         |  |  |                         |  |                             |        |     |  |  |
| A             |         |  |  |                         |  |                             |        |     |  |  |
| ζS            |         |  |  |                         |  |                             |        |     |  |  |
| ζY            |         |  |  |                         |  |                             |        |     |  |  |
| Ā             |         |  |  |                         |  |                             |        |     |  |  |
| ИE            |         |  |  |                         |  |                             |        | 1   |  |  |
| ИD            |         | X  | Series A Convertible Preferred   | 2                       | 440,000  | 0                           | 0      |     | x  |  |

# APPENDIX

| 1          | 2         |                     | 3                                   |            |                                       | 4                            |        | 5                               |         |  |
|------------|-----------|---------------------|-------------------------------------|------------|---------------------------------------|------------------------------|--------|---------------------------------|---------|--|
| •          |           |                     | Type of security                    |            |                                       |                              |        |                                 |         |  |
|            |           | o sell to           | and aggregate                       | 4          |                                       | ₩.                           |        | (if yes, attach                 |         |  |
| ٠.         |           | credited            | offering price                      |            |                                       | nvestor and                  |        | explana                         | tion of |  |
|            |           | s in State -Item 1) | offered in state<br>(Part C-Item 1) |            | amount pure                           | chased in State<br>C-Item 2) |        | waiver granted) (Part E-Item 1) |         |  |
|            | (1 411.12 |                     |                                     | Number of  | (1 411)                               | Number of                    |        | (1 411 2                        | 1       |  |
|            |           |                     |                                     | Accredited |                                       | Non-Accredited               |        |                                 |         |  |
| tate       | Yes       | No                  | Stock                               | Investors  | Amount                                | Investors                    | Amount | Yes                             | No      |  |
|            |           |                     | Series B                            | ·          |                                       |                              |        | ÷                               |         |  |
|            |           |                     | Convertible                         |            | 560,000                               |                              |        |                                 |         |  |
|            |           |                     | Preferred<br>Stock                  | ,          | · · · · · · · · · · · · · · · · · · · |                              |        |                                 |         |  |
|            |           |                     | Series A<br>Redeemable              |            | 5,000,000                             |                              |        |                                 |         |  |
|            |           |                     | Preferred<br>Stock                  |            |                                       |                              |        |                                 |         |  |
| ΛA         |           |                     |                                     |            |                                       |                              |        |                                 |         |  |
| ΔI         |           |                     |                                     |            |                                       |                              |        |                                 |         |  |
| NN         |           |                     |                                     |            |                                       | 49                           | ,      |                                 |         |  |
| МS         |           |                     |                                     |            |                                       |                              |        |                                 |         |  |
| MO .       |           |                     |                                     | ·          |                                       |                              |        |                                 |         |  |
| MT.        |           |                     | ·                                   | . '        |                                       |                              |        |                                 |         |  |
| ٧E         |           | ·                   |                                     |            | -                                     |                              |        |                                 |         |  |
| 1V         |           |                     |                                     |            |                                       |                              |        |                                 |         |  |
| NH         |           |                     |                                     |            |                                       |                              |        |                                 |         |  |
| <u></u>    |           |                     | ·                                   |            |                                       |                              |        |                                 |         |  |
| ٧M         |           |                     |                                     |            |                                       |                              |        |                                 |         |  |
| <b>1</b> Y |           |                     |                                     |            |                                       |                              |        |                                 | -       |  |
| 1C ·       | ,         |                     |                                     |            |                                       |                              |        |                                 |         |  |
| ۷D         |           | ı                   |                                     |            |                                       | · ·                          |        |                                 |         |  |
| DH .       |           |                     |                                     |            |                                       |                              |        | <u> </u>                        |         |  |
| )K         |           |                     | . <u></u> .                         |            |                                       | <u> </u>                     |        |                                 |         |  |
| DR         |           |                     |                                     |            |                                       | <u> </u>                     |        |                                 |         |  |
| 'A         |           |                     |                                     |            |                                       | <u> </u>                     |        |                                 |         |  |
| ਹ<br>ਹ     |           | <u> </u>            |                                     |            |                                       | <u> </u>                     |        | ]                               |         |  |
| ;C         |           | <u> </u>            | .1                                  |            |                                       |                              |        | <u> </u>                        |         |  |
| 3D         |           |                     |                                     |            |                                       |                              |        | 1                               |         |  |
| IN         |           | L                   |                                     |            |                                       |                              |        | <u> </u>                        | 1       |  |

#### APPENDIX 1 5 Disqualification Type of security under State ULOE and aggregate Intend to sell to (if yes, attach offering price offered in state Type of investor and non-accredited explanation of amount purchased in State (Part C-Item 2) waiver granted) investors in State (Part C-Item 1) (Part B-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited Investors Yes No Investors Amount tate Amount Yes No ľX. JT /T /A ۷A ٧V ۷I ٧Y

۲R